



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
Office of the Commissioner

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE March 21, 2012

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House Bill 5514 - An Act Concerning Various Revisions to the Public Health Statutes

The Department of Public Health supports certain sections of House Bill 5514. The Department would like to thank the Public Health Committee for raising the Department's bill.

Below is a description of each of the sections of the bill. Highlights of the Department's proposed sections 1 through 13 include technical changes to the birth and marriage certificate process, the tumor registry reporting section, tuberculosis program, and oral health program; clarifying the definition of a subsurface sewage disposal system installer and subsurface sewage disposal system cleaner, and the qualifications for a physician practicing at a youth camp. The Department has subject matter experts available who can answer any questions you might have related to each section.

Section 1. The Department supports the proposed language in section 1 of the bill, however, we respectfully request an amendment as follows: "*Amendment*" means to (A) change or enter new information on a certificate of birth, marriage, death or fetal death, more than one year after the date of the vital event recorded in such certificate, in order to accurately reflect the facts existing at the time of the recording of the event, (B) create a replacement certificate of birth for matters pertaining to parentage and gender change, or (C) change a certificate of birth, [marriage, death or fetal death to reflect facts that have changed since the time the certificate was prepared, including, but not limited to,] to reflect a legal name change in accordance with section 19a-42(f) of the Connecticut General Statutes or make a modification to a cause of death.

This change to the definition of an "amendment" will assist the Department in its mission to uphold the integrity of vital records. The information on a vital record documents the facts as they exist at the time of the vital event. This information should be preserved except in those circumstances that are specified in statute. The exceptions include matters of adoption, paternity, gestational agreements, gender change, a legal name change for a birth registrant, and a change to the cause and manner of death. These amendments to original vital records information are allowed because they serve a greater public need. Allowing other types of amendments, such as changing address information or name information for persons other than a birth registrant, do not serve a greater public need, but instead undermine the integrity of vital records.

Section 2. Revises section 7-60 by removing the statutory reference to C.G.S. section 7-50, regarding acknowledgements of paternity. By removing the statutory reference, parents of a fetus born dead will no longer have to be subject to the formal acknowledgement of paternity process. Instead, the Department and DSS would like to initiate a simpler acknowledgement process that would bypass many of the formal requirements, such as being notified of rights and responsibilities that do not apply in the case of a fetal death. The simpler process will be more sensitive to grieving families.

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Section 3. Revises section 46b-25, which concerns the expiration date of a marriage license. Under current statute, if the parties to the marriage sign the marriage license on different dates, the 60 day expiration period will be calculated from the earlier of the two dates. Local vital records registrars have requested that the calculation of the time frame be changed so that the 60 day time period begins from the later date.

Section 4. Revises section 46b-30 to clarify that only a custodial parent has the right to grant permission for a minor to marry.

Section 5. Makes a technical change to section 19a-72 requiring those entities who submit information to the Department regarding the diagnosis and treatment of tumors also include a complete pathology report.

Section 6. Creates a new subsection (d) of section 19a-255 which would allow the Department of Public Health to enter into reciprocal agreements with other states so that patients with tuberculosis can be transported and treated in state run institutions when the required care and/or expertise is not available in Connecticut. The management and treatment of tuberculosis (TB) patients is often medically and socially complex. This includes patients with multi-drug resistant TB who require specialized care (e.g. surgery), as well as patients who are not willing to cooperate with public health authorities. This section would allow the Department of Public Health to take advantage of TB treatment facilities and expertise that are available at state-run institutions in both Massachusetts and New Jersey. Currently, there is no similar institution or facility for the treatment of TB patients in Connecticut. The Department of Public Health needs to be able to have the option of sending patients to other state-run institutions so that medically or socially complex patients have the best chance of having their TB disease cured and the health of the people of Connecticut can be protected.

Section 7. Makes changes to section 19a-41, regarding qualifications for the State Dental Director. The current statute requires that the director of the Office of Oral Public Health be a dental health professional with a graduate degree in public health and hold a license to practice under chapter 379 or 379a. The specificity of the requirement limits the ability of the DPH to fill the position, which is required by the federal Oral Health Infrastructure Cooperative Agreement. The CDC-funded Cooperative Agreement for State Oral Health Infrastructure requires that the state have a State Oral Health Director. The DPH has already been cited for being out of compliance with this requirement. The state risks losing this agreement (approximately \$300,000/year) and the ability to apply for further CDC funding. We are in year 4 of this 5 year agreement. In addition, since the CDC Cooperative Agreement is the core of the State Oral Health Office, losing this funding may negatively impact the opportunity to apply for funding from other sources.

Section 8. Makes revisions to section 52-146k, by deleting the reference to the Department of Public Health. Current language mandates the department to complete regulations to define the criteria for rape crisis centers. The Department does not have statutory authority over rape crisis centers. Without this statutory authority, the Department has no way of identifying the rape crisis centers and enforcing the regulations. Therefore, we are proposing to eliminate the requirement for the Department to develop criteria.

Section 9. Revises section 19a-37 to specify arsenic and specific radionuclides that are of concern in groundwater. The radionuclides of concern are radium, uranium, radon or gross alpha emitters.

Section 10. This section revises section 20-341a to strike the word "regularly" from subsurface sewage disposal system installer and cleaner definitions. This will allow the Department to take action against individuals that practice the work of a subsurface sewage disposal system (SSDS) cleaner or installer without a license.

Sections 11 and 12. This proposal would raise the maximum penalty cited in CGS Sec. 20-341l that can be pursued against individuals that practice the work of a subsurface sewage disposal system cleaner or installer without a license, and against individuals that violate other provisions of CGS Chapter 393a. The current maximum penalty is \$100 per violation; this language raises the maximum available penalty to \$10,000. Many individuals who practice without a license will choose to absorb the \$100 fine and may provide substandard work, costing the homeowner thousands of dollars to fix their mistakes.

Section 13. The Department supports this section of the bill which amends section 20-12 to allow a physician with a current license to practice as a youth camp physician. However we respectfully request an amendment to the language in lines 153 and 154 to state the following:

(e) Any physician [licensed] or surgeon who holds a license in good standing in another state **[who is board-certified in pediatrics or family medicine, or whose state standards for licensure are equivalent to or greater than those required in this state,]** may practice as a youth camp physician in this state without a license for a period not to exceed nine weeks.

The Department of Public Health has the following concerns with regards to sections 14, 15, 22 and 23 and respectfully requests amending the bill to address these concerns.

Sections 14 and 15. The Department is opposed to these sections of the bill, which contain provisions to allow emancipated minors and certified homeless youth access to birth certificates. However, please note that the Department only has concerns about the portion of the bill referring to certified homeless youths.

The definition of 'certified homeless youth' has no minimum age requirement. This means that very young children will be eligible to access birth certificates. Birth certificates often contain sensitive information -- matters of paternity, incarceration of mother at time of birth, etc. -- that a young child may not be emotionally equipped to handle.

Additionally, there is no mechanism in place to verify the identity of the youth. Those given the authority to certify under this bill, such as a shelter director, often have no verification of a resident's identity, and often do not inquire into the matter for fear of dissuading the person from staying and accepting help. This opens up the potential for fraud and identity theft.

Finally, certified homeless youth are unlikely to meet the identification requirements that are needed to obtain a birth certificate, and without proper ID the birth certificate cannot be issued. These identification requirements are in place to protect against fraud, and for security purposes cannot be waived. To reiterate, the provisions regarding emancipated minors are not of concern, only those related to certified homeless youths.

Sections 22 and 23. -- These sections mandate athletic departments of an institution of higher education and health club owners to have an automatic external defibrillator (AED) on the premises. Section 22 mandates the institutions to have at least one athletic trainer or other person trained in CPR and the use of the AED on site during all sports practices, training and competition. Section 23 mandates the health club owners to have at least one employee trained in the use of the AED during business hours. Section 23 also mandates the Department of Consumer Protection to take action against a health club if they violate any of the provisions set forth in this chapter. Please note that the Department has been informed that the Department of Consumer Protection will have a fiscal impact if section 23 were to pass.

Thank you for your consideration of the Department's views on this bill.